CLAIMS ONLY

Application Number: 09/317409

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				2			52					
3				3			53					
4				4			54					
5				5			55		1			
6				6			56					
7				7			57			1		
8				8			58			2		
9				9			59			3		
10				10			60		1	4		
11				11			61			5		
12				12			62			6		
13							63			7		
14							64			8		
15							65		1			
16							66			9		
17							67			10		
18							68		1			
19							69			11		
20							70			12		
21							71			13		
22							72			14		
23							73			15		
24							74			16		
25							75			17		
26							76			18		
27							77			19		
28							78			20		
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87		1			
38							88					
39			1				89					
40				1			90					
41				2			91					
42				3			92					
43				4			93					
44				5			94					
45				6			95					
46				7			96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		2				Total Indep		6			
Total Depend			18				Total Depend		18			
Total Claims			20				Total Claims		24			